

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND
1								51					
2								52					
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45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND								TOTAL IND					
TOTAL DEP								TOTAL DEP					
TOTAL CLAIMS								TOTAL CLAIMS					